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Department of the Treasury internal Revenue Service

OMB No 1545 0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α                       | For the 2     | 2014 calen                | dar year, or tax year beginning , 2014, and ending  |   | ,                                    |
|-------------------------|---------------|---------------------------|---|---|--------------------------------------|
| В                       | Check if app  | plicable                  | <u>C</u>  | D Employ  | yer identification number            |
|                         | X Addres      | s change                  | DALLAS ART FAIR FOUNDATION  | 46-   | 1227056                              |
|                         | $\vdash$      | change                    | P.O. BOX 191408   |   | one number                           |
|                         | $\vdash$      | _                         | DALLAS, TX 75219-8408   | _ \cicp   | one named                            |
|                         | Initial       |                           |   |   |                                      |
|                         | Final ret     | urn/terminated            |   |   |                                      |
|                         | Amend         | led return                |   | G Gross r   |                                      |
|                         | Applica       | ation pending             | , .   | a) is this a group retur  |                                      |
|                         |               |                           |   | <ul> <li>Are all subordinates<br/>If 'No,' attach a list</li> </ul> | s included? Yes No                   |
| 1                       | Tax-exen      | npt status                | X 501(c)(3) 501(c) ( ) 		 (insert no ) 4947(a)(1) or 527  |   | (See management)                     |
| 1                       | Websit        | e: • N/                   | A H(c   | c) Group exemption ni   | umber ►                              |
| ĸ                       | Form of c     | organization              | X Corporation   Trust   Association   Other ►   L Year of formation   | 2012 Ms   | State of legal domicile TX           |
| Pa                      | rt I          | Summar                    |   | 2022  |                                      |
|                         | 1 Bri         | efly descri               | be the organization's mission or most significant activities: THE FOUNDA  | ATTON HAS B   | FEN OPCANIZED FOR                    |
|                         | ጥዞ            | IE PRTM                   | ARY PURPOSE TO RAISE DONATIONS THAT WILL BE USE   | D TO PROMO  | TE APPRECTATION                      |
| ဦ                       |               |                           | RTS IN DALLAS COUNTY, TEXAS. THE FOUNDATION WIL   |   |                                      |
| ā                       | R             | TSTNG                     | EVENT TO BE CALLED THE DALLAS ART FAIR GALA (TH   | E CALA)   | IN MINORE TOUR                       |
| Σe                      |               |                           | if the organization discontinued its operations or disposed of more   |   | net assets                           |
| පි                      |               |                           | oting members of the governing body (Part VI, line 1a)  |   | 3 3                                  |
| <b>م</b> و              |               |                           | dependent voting members of the governing body (Part VI, line 1b)   |   | 4 0                                  |
| <u>:</u>                | 5 Tot         | tal number                | of individuals employed in calendar year 2014 (Part V, line 2a)   |   | 5 0                                  |
| Activities & Governance | <b>6</b> Tot  | tal number                | of volunteers (estimate if necessary)   |   | 6 0                                  |
| Æ                       | 7a Tot        | tal unrelate              | ed business revenue from Part VIII, column (C), line 12   |   | 7a 0.                                |
|                         | <b>b</b> Ne   | t unrelated               | business taxable income from Form 990-T, line 34  |   | <b>7b</b> 0.                         |
|                         |               |                           |   | Prior Year  | Current Year                         |
|                         |               |                           | and grants (Part VIII, line 1h)   |   |                                      |
| Revenue                 |               |                           | 460-revenue-(Part,VIII-line 29)   |   | 253,681.                             |
| ě                       |               |                           | ncomes (Bark VIII, Column (A), lines 3, 4, and 7d)  |   |                                      |
| Œ                       |               |                           | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |   |                                      |
|                         | 12 Tot        | lal reve <mark>n୍ୟ</mark> | – add lines 8 threugh 11 (must equal Part VIII, column (A), line 12)  |   | 253,681.                             |
|                         |               |                           | milar amounts paid (Part IX column (A), lines 1-3)  |   | 135,000.                             |
|                         | 14 Be         | nefits paid               | to or for members-(Part-IX, column (A), line 4)   |   |                                      |
|                         | <b>15</b> Sal | laries, othe              | er compensation employee benefits (Part IX, column (A), lines 5-10)   |   |                                      |
| Ses                     | 16a Pro       | ofessional                | fundralsing fees (Part IX, column (A), line 11e)  |   |                                      |
| Expenses                |               |                           | sing expenses (Part IX, column (D), line 25) ▶  |   |                                      |
| ᄶ                       |               |                           |   |   |                                      |
|                         | j             | •                         | es (Part IX, column (A), lines 11a-11d, 11f-24e)  |   | 79,436.                              |
|                         |               | •                         | es Add lines 13-17 (must equal Part IX, column (A), line 25)  |   | 214, 436.                            |
|                         | <b>19</b> Rev | venue less                | expenses Subtract line 18 from line 12  |   | 39,245.                              |
| Assets of<br>Balances   |               |                           |   | Beginning of Currer   |                                      |
| Bell                    |               |                           | (Part X, line 16)   | 4,6   | 539. 43,884.                         |
| Fund                    | <b>21</b> Tot | tal liabilitie            | s (Part X, line 26) .   |   | 0. 0.                                |
| 25                      | <b>22</b> Net | t assets or               | fund balances Subtract line 21 from line 20   | 4,6   | <u>43,884</u> .                      |
| Pa                      | rt II         | Signatur                  | e Block   |   |                                      |
|                         |               | of perjury, I de          | sclare that I have examined this return, including accompanying schedules and statements, and to the<br>irer (other than officer) is based on all information of which preparer has any knowledge | best of my knowledge  | and belief, it is true, correct, and |
| com                     | olete Declar  | ation of prepa            | rer (other than officer) is based on all information of which preparer has any knowledge  |   |                                      |
|                         |               | 120.                      | eri & stillell  | /11-  | 16-2015                              |
| Sig                     | ın            | Signatu                   | re of officer   | Date  |                                      |
| He                      | re            | TER                       | RI STILLWELL  |   |                                      |
|                         |               |                           | print name and title  |   |                                      |
|                         |               | Print/Type p              | reparer's name Preparer's signature Date  | Check   | if PTIN                              |
| Pa                      | id            | RANDY                     | FOSTER RANDY FOSTER 11//3//   | self-employ   | P00535086                            |
|                         | eparer        | Firm's name               |   | 1   | 12000000                             |
|                         | e Only        | Firm's addre              |   | Firm's EIN  | ► 75-19210 <b>4</b> 5                |
|                         | ,             | , mms addre               |   | Phone no  |                                      |
| NA                      | the IDS       | discuss th                | DALLAS, TX 75225  is return with the preparer shown above? (see instructions)   |   |                                      |
| ıvıa)                   | me IRS        |                           |   | 113L 05/28/14   | X Yes No<br>Form 990 (2014)          |
| ==                      |               |                           |   |   |                                      |

| Statement of Program Service Accomplishments   Statement of Program Service Accomplishments   Statement of Schedule O contains a response or note to any line in this Part III   Statement of Program Services Schedule   Statement of Statement   Statement of Statem     |      | 990 (2014) DALLAS ART FAIR FOUNDATION  | 46-12                        | 27056               | 5                    | Page 2            |
|---|------|--|------------------------------|---------------------|----------------------|-------------------|
| SEE SCHEDULE O  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If Yes, 'Generate these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  4 Describe the organization's program service accomplishments for each of its three largest program services?  No  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, it any, for each program service reported.  4a (Code. ) (Expenses \$ 214, 436, microlling grants of \$ 135,000,) (Revenue \$ 253,681,) DALIAS ART PAIR FOUNDATION (DATP) PROMOTES NATIONAL AND INTERNATIONAL EDUCATION AND APPRECIATION IN ART, CULTURE AND HUMANITIES THROUGH FUND RAISING AND FUND DISTRIBUTION, DAF PROVIDES (RANTS AND AMARDS TO OTHER CHARITABLE ORGANIZATIONS, THIS YEAR, A TOTAL OF \$135,000 WAS GRANTED TO DALIAS CONTEMPORARY, DALIAS MUSEUM OF ART AND NASHER SCULPTURE CENTER THROUGH THE DAFF BENEFIT GALA HELD IN APPIL.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services openses > 214,436.  | Parl |  |                              |                     |                      |                   |
| SEE SCHEDULE 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 999 or 990 EZ?  If Yes, idescribe these cases conducting, or make significant changes in how it conducts, any program services?  Yes  No if Yes, idescribe these changes on Schedule 0  If Yes, describe the organization cases conducting, or make significant changes in how it conducts, any program services?  Yes  No if Yes, idescribe these changes on Schedule 0  If Yes is No if Yes, idescribe these changes on Schedule 0 is the significant of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  If Yes No if Yes, idea of Yes No if Yes is No if Yes Yes No if Yes No if Yes No if Yes Yes No if Yes No if Yes Yes No if Yes No   |      |  | _ <del>·</del>               |                     | :                    | X X               |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior  Form 990 or 990-E27  If Yes, 'Gascribe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes No  If Yes, 'Gescribe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services?  Yes No  1 Yes (School 1) Yes, 'Gescribe the sechages on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services?  Yes No  1 Yes (School 1) Yes, 'Gescribe the changes on Schedule O  4 Code (School 2) (Separess 2) 214, 436 (molding grants of 2) 135, 000, 'Gevenue 2 253, 681, 'DALIAS ART PAIR FOUNDATION (DAFF) PROMOTES NATIONAL AND INTERNATIONAL EXPENSES, and tevenue, if any, for each program service reported.  4 Code (School 2) (Separess 2) 214, 436 (molding grants of 2) (Sevenue 2) 253, 681, 'DALIAS ART PAIR FOUNDATION (DAFF) PROMOTES NATIONAL AND INTERNATIONAL EXPENSES, A TOTAL OF \$135, 000 WAS GRANTED TO DALIAS CONTEMPORARY, DALIAS MUSEUM OF ART AND NASHER SCULPTURE CENTER THROUGH THE DAFF BENEFIT GALA HELD IN APRIL.  4b (Code (School 2) (Expenses 2) (Revenue 3) (Reven |      | •  |                              |                     |                      |                   |
| Form 990 or 990-E27 If Yes, George these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |      | SEE SCHEDULE O   |                              |                     |                      |                   |
| Form 990 or 990-E27 If Yes, George these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |      |  |                              |                     |                      |                   |
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| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  \[ \] Yes \[ \] No if "Yes, describe these changes on Schedule O  4 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported.  4a (Code.  \) (Expenses \( \) 214,436. including grants of \( \) 135,000.) (Revenue \( \) 253,681.) DALLAS ART FAIR FOUNDATION (DAFF) PROMOTES NATIONAL AND INTERNATIONAL EDUCATION AND APPRECIATION IN ART, CULTORE AND HONAUTIES THROUGH FUND ATISING AND FUND DISTRIBUTION. DAFF PROVIDES GRANTS AND AWARDS TO OTHER CHARITABLE ORGANIZATIONS. THIS YEAR, A TOTAL OF \$135,000 MS GRANTED TO DALLAS CONTEMPORARY, DALLAS MESUM OF ART AND NASHER SCULPTURE CENTER THROUGH THE DAFF BENEFIT GALA HELD IN APRIL.  4b (Code  \) (Expenses \( \) (Expenses \( \) including grants of \( \) including grants of \( \) (Revenue \( \) (Revenue \( \) )  4c (Code:  \) (Expenses \( \) including grants of \( \) (Revenue \( \) (Revenue \( \) )  4d Other program services (Describe in Schedule O)  4d Other program services (Describe in Schedule O)  4d Other program service expenses \( \) including grants of \( \) (Revenue \( \) (Revenue \( \) )  4d Total program service expenses \( \) (Revenue \( \) (Revenue \( \) )  4d Total program service expenses \( \) (Revenue \( \) (Revenue \( \) )  |      |  | • •                          | L                   | . 63                 | <u> </u>          |
| If "Yes," describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 214,436, including grants of \$ 135,000.) (Revenue \$ 253,681.)  DALLAS ART FAIR FOUNDATION (DAFF) PROMOTES NATIONAL AND INTERNATIONAL EDUCATION AND APPERCIATION IN ART, CULTURE AND HUMANITIES THROUGH FUUR PAIRSING AND FUND DISTRIBUTION. DAFF PROVIDES GRANTS AND AWARDS TO OTHER CHARITABLE ORGANIZATIONS. THIS YEAR, A TOTAL OF \$135,000 MAS GRANTED TO DALLAS CONTEMPORARY, DALLAS MUSEUM OF ART AND NASHER SCULFTURE CENTER THROUGH THE DAFF BENEFIT GALA HELD IN APRIL.  4b (Code:) (Expenses \$   |      | ·  | rvices?                      | П                   | Yes F                | X No              |
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| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 214,436.   | _    |  |                              |                     |                      |                   |
| <b>4e</b> Total program service expenses ► 214,436.   |      |  |                              |                     | ,                    |                   |
|   |      | <u>```</u>   | <del></del>                  |                     |                      |                   |
|   |      |  |                              |                     | Form 9               | 90 (2014)         |

Form 990 (2014) DALLAS ART FAIR FOUNDATION

Part IV | Checklist of Required Schedules

|     |   |      | Yes   | No |
|-----|---|------|---|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.  | 1    | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    |   | Х  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3    |   | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .  | 4    |   | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |   | х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |   | х  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II  | 7    |   | Х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8    |   | Х  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV              | 9    |   | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |   | Х  |
| 11  | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |      |   |    |
| i   | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  | 11 a |   | Х  |
| ļ   | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII   | 11 b |   | Х  |
| (   | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |   | х  |
|     | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d |   | Х  |
| (   | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |   | Х  |
| 1   | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11 f | ļ<br>   | х  |
| 12: | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII   | 12a  |   | х  |
|     | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12 b |   | Х  |
|     | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   | <u> </u>                                      | X  |
|     | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  | -   | X  |
| 1   | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |   | х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |   | х  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |   | х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17   |   | х  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   |   | х  |
| 19  | complete Schedule G, Part III   | 19   |   | х  |
|     | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .   | 20   | ļ   | X  |
|     | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20 b | <u>L                                     </u> | L  |

Form 990 (2014) DALLAS ART FAIR FOUNDATION

Part IV | Checklist of Required Schedules (continued)

|      |   |      | Yes   | No    |
|------|---|------|-------|-------|
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   | х     |       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22   |       | Х     |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>   | 23   |       | x     |
| 24   | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a                          | 24a  |       | х     |
| 1    | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |       |       |
| •    | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |       |       |
| (    | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       |       |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a  |       | х     |
| l    | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                                     | 25b  |       | x     |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II                                 | 26   |       | х     |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27   |       | х     |
|      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |      |       | ,,    |
| ć    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a  |       | Х     |
| ŀ    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b  |       | х     |
| •    | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |       | Х     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |       | Х     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30   |       | Х     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L  | 31   |       | Х     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |       | Х     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |       | Х     |
|      | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34   |       | Х     |
| 35 a | and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | X     |
| t    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35b  |       |       |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36   |       | Х     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |       | Х     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | 38   |       | Х     |
| BAA  | •   | Form | 990 ( | 2014) |

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 h 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts, (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X . . . . b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year . e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.. . .. 7 g . . h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 2 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?. 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13 c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .. 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?. 8 a b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? . . . 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. TRACY MOBERLEY 1531 EDISON STREET DALLAS TX 75207 214-871-7930

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|------|-------------------|---------|-----|------|------------|
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Page 7

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

|                                   |   | (C)                               |                       |                                |                 |                                 |        |                                     |  |  |
|-----------------------------------|---|-----------------------------------|-----------------------|--------------------------------|-----------------|---------------------------------|--------|-------------------------------------|--|--|
| (A)<br>Name and Title             | (B)<br>Average<br>hours<br>per  | 15                                | both<br>dır           | (do n<br>box,<br>an c<br>ector | fficer<br>trust |                                 |        | (D) Reportable compensation from    | (E) Reportable compensation from         | (F) Estimated amount of other  |
|                                   | week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                        | Key employee    | Highest compensated<br>employee | Former | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) TERRI STILLWELL DIRECTOR/PRES | $-\frac{2}{0}$  |                                   |                       |                                |                 |                                 |        | 0.                                  | 0.                                       | 0,   |
| (2) TRACY MOBERLY                 | 2_  |                                   |                       |                                |                 |                                 |        |                                     | 0.                                       | 0,   |
| DIRECTOR/SEC/TR                   | 0   |                                   |                       |                                |                 |                                 |        | 0.                                  | 0.                                       | 0.   |
| (3) WILLIAM CROMARTIE DIRECTOR    | 2   |                                   |                       |                                |                 |                                 |        | 0.                                  | 0.                                       | 0.   |
| (4)                               |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (5)                               |   |                                   |                       |                                |                 |                                 |        | , , , , , , , , , , , , , , , , , , | <del>- 11-1</del>                        |  |
| (6)                               |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| <u>(v)</u>                        |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (8)                               |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (9)                               |   |                                   |                       |                                | _               |                                 |        |                                     |  |  |
| (10)                              |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (11)                              |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (12)                              |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |
| (13)                              |   |                                   |                       |                                |                 |                                 |        |                                     | ,  |  |
| (14)                              |   |                                   |                       |                                |                 |                                 |        |                                     |  |  |

| (A)  |  | (B) (C) Position Average (do not check more than one box, unless person is both an |              |            |                     |                              |               | (D)   | (E)  | (F)<br>Estimated                   |   |  |
|--|--|--|--------------|------------|---------------------|------------------------------|---------------|---|--|------------------------------------|---|--|
| Name and title   | per<br>week<br>(list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | or director  | cer ar       | Officer    | direct              | Highest compensated employee | tee)          | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amou<br>comp<br>fro<br>orga<br>and | umated<br>int of other<br>sensation<br>om the<br>sinization<br>I related<br>nizations |  |
| (15)   |  |  |              |            |                     |                              |               |   | <del></del>  |                                    | <del></del>   |  |
| (16)   |  |  |              |            |                     | <u> </u>                     | -             |   |  |                                    |   |  |
| (17)   |  |  |              |            |                     |                              |               |   |  |                                    | <u> </u>  |  |
| (18)   |  |  |              |            |                     | <u></u>                      |               |   |  |                                    |   |  |
| (19)   |  |  |              |            | _                   |                              |               |   | <del> ,-</del> .   |                                    |   |  |
| (20)   |  |  |              |            |                     |                              | _             |   |  |                                    | <del></del>   |  |
| (21)   |  |  |              |            |                     | ļ                            | -             |   |  |                                    |   |  |
| (22)   |  |  |              |            |                     |                              |               |   |  | <del> </del>                       | <del></del>   |  |
| (23)   |  |  |              |            |                     |                              |               |   |  |                                    |   |  |
| (24)   |  |  |              |            |                     |                              |               |   |  |                                    |   |  |
| (25)   |  | -  |              |            |                     |                              | ┢             |   |  |                                    |   |  |
| 1 b Sub-total c Total from continuation sheets to Part VII, Secti  | <br>on A   |  | !            |            | <b>!</b>            | <u> </u>                     | <b>&gt;</b>   | 0.  | 0.   |                                    | 0.  |  |
| d Total (add lines 1b and 1c)  | to those I   | sted   | abov         | ve) v      | who                 | recei                        | ved           | 0.<br>more than \$100,00                                      | 0.<br>0 of reportable com  | pensation                          | 0.  |  |
| 3 Did the organization list any former officer, direct   | tor or tru   | staa   | key          | , em       | anlo                | VEE                          | or h          | nahest compensa   | ted employee   |                                    | Yes No  |  |
| on line 1a? If 'Yes,' complete Schedule J for suc  4 For any individual listed on line 1a, is the sum of   | h individu   | ıal  |              |            |                     |                              | •             |   |  | 3                                  | X   |  |
| the organization and related organizations greate such individual  | er than \$1  | 50,0   | 003          | lf '\      | es'                 | com                          | plet          | e Schedule J for  | 110111   | 4                                  | X   |  |
| 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes     | e comper<br>s,' <i>comple</i>  | satio<br>te So   | n fr<br>chec | om<br>dule | any<br><i>J f</i> c | unre<br>r suc                | elate<br>ch p | ed organization or<br>person .                                | ındıvıdual   | 5                                  | х   |  |
| 1 Complete this table for your five highest compen compensation from the organization. Report compensation | sated indisation for   | epen<br>the c  | den<br>alen  | t co       | ntra<br>vear        | ctors                        | tha           | at received more t  | han \$100,000 of<br>ganization's tax yea                           | r                                  | <del></del>   |  |
| (A) Name and business add  |  |  |              |            | <u>,</u>            |                              |               | Description   | 1  | ((                                 | C)<br>nsation   |  |
|  |  |  |              |            |                     |                              |               |   |  |                                    |   |  |
|  |  |  |              |            |                     |                              |               |   |  |                                    |   |  |
| Total number of independent contractors (including by  | out not lim  | ited to  | o the        | ose I      | iste                | d abo                        | ve)           | who received more   | than   |                                    |   |  |
| \$100,000 of compensation from the organization  | <b>▶</b> 0   | TEEAC  |              |            |                     |                              |               |   |  | Form                               | 990 (2014)  |  |

| Par  | t VIII Statement of Revenue  Chèck if Schedule O contains a response or note to an   | v line in this Part VII     |  |   |  |
|--|--|-----------------------------|--|---|--|
|  |  | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | to Membership dues  c Fundraising events.  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f  h Total. Add lines 1a-1f   |                             |  |   |  |
| Program Service Revenue                                | Business Code  2 a TICKET SALES  b  c  d  e  f All other program service revenue .   | 253,681.                    | 253,681.                               |   |  |
| <u> </u>   | g Total. Add lines 2a-2f  Investment income (including dividends, interest and   | 253,681.                    |  |   |  |
| Other Revenue  | other similar amounts)  4 Income from investment of tax-exempt bond proceeds.   5 Royalties.  (i) Real (ii) Personal  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 |                             |  |   |  |
|  | b Less direct expenses. c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  |                             |  |   |  |
|  | 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code   |                             |  |   |  |
|  | b c d All other revenue .  |                             |  |   |  |
|  | e Total. Add lines 11a-11d   | 253,681.                    | 253,681.                               | 0                                       | . 0.   |

# Part IX | Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns  All other organizations must |  |
|---|--|
| Check if Schedule O contains a response or note to any line in this Part IX                           |  |

|                | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|----------------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 135,000.              | 135,000.                     |                                     |                                |
| 2              | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |                                     | <del></del>                    |
| 3              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | <u> </u>              |                              |                                     |                                |
| 4              | Benefits paid to or for members   |                       |                              |                                     |                                |
| 5              | Compensation of current officers, directors, trustees, and key employees  | 0.                    | 0.                           | 0.                                  | 0.                             |
| 6              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                           | 0.                                  | 0.                             |
| 7              | Other salaries and wages  |                       |                              | <u> </u>                            |                                |
| 8              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                              |                                     |                                |
| 9              | Other employee benefits   |                       | ·                            |                                     |                                |
| 10             | Payroll taxes   |                       |                              |                                     |                                |
| 11             | Fees for services (non-employees).  |                       |                              |                                     | <u> </u>                       |
| á              | Management .  |                       |                              |                                     |                                |
| t              | Legal .   |                       |                              |                                     |                                |
| (              | : Accounting .  | · <del>- ·</del> ·    |                              |                                     |                                |
|                | Lobbying .  | -··                   |                              |                                     |                                |
|                | Professional fundraising services. See Part IV, line 17   |                       |                              | .=                                  |                                |
|                | Investment management fees .  |                       |                              |                                     |                                |
|                | Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion  |                       |                              |                                     | <del></del>                    |
| 13             | Office expenses   |                       |                              |                                     |                                |
| 14             | Information technology  |                       |                              |                                     | ,                              |
| 15             | Royalties .   |                       |                              |                                     |                                |
| 16             | Occupancy   |                       |                              |                                     |                                |
| 17             | Travel  |                       |                              |                                     |                                |
| 18             | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                              |                                     |                                |
| 1 <del>9</del> | Conferences, conventions, and meetings .  |                       |                              |                                     |                                |
| 20             | Interest .  |                       |                              |                                     |                                |
| 21             | Payments to affiliates  |                       |                              | ····.                               |                                |
| 22             | Depreciation, depletion, and amortization.  |                       |                              |                                     |                                |
| 23<br>24       | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                 |                       |                              |                                     |                                |
| a              | EVENT FOOD AND BEVERAGE   | 49,781.               | 49,781.                      |                                     |                                |
|                | PRINTING AND PUBLICATIONS   | 11,474.               | 11,474.                      |                                     |                                |
|                | EVENT DATABASE SERVICE FEES   | 9,004.                | 9,004.                       |                                     |                                |
|                | EVENT_DESIGN / SETUP  | 3,913.                | 3,913.                       |                                     |                                |
|                | All other expenses  | 5,264.                | 5,264.                       |                                     |                                |
| 25             | Total functional expenses. Add lines 1 through 24e  | 214,436.              | 214,436.                     | 0.                                  | 0.                             |
| 26             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following SOP 98-2 (ASC 958-720). |                       |                              |                                     |                                |

Part X **Balance Sheet** Chèck if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 4,639 1 43,884 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . . Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 10b 10 c **b** Less<sup>1</sup> accumulated depreciation. Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,639 16 43,884 Accounts payable and accrued expenses. 17 17 18 Grants payable 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0. 0. Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 4,639 27 43,884. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds

BAA

33

34

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form 990 (2014)

43,884

43,884.

33

34

4,639.

4,639.

| Forr | n 990 (2014) DALLAS ART FAIR FOUNDATION  | 46-1227056  |        | Pa   | ge <b>1</b> 2 |
|------|--|-------------|--------|------|---------------|
| Pa   | rt XI Reconciliation of Net Assets   |             |        |      | _             |
|      | Check if Schedule O contains a response or note to any line in this Part XI .  |             |        |      |               |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | . 1         | 25     | 3,6  | 81.           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           |        | 4,4  |               |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3           |        | 39,2 |               |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4           |        | 4,6  |               |
| 5    | Net unrealized gains (losses) on investments   | 5           |        |      |               |
| 6    | Donated services and use of facilities   | 6           |        |      |               |
| 7    | Investment expenses  | 7           |        |      |               |
| 8    | Prior period adjustments .   | . 8         | -      |      |               |
| 9    | Other changes in net assets or fund balances (explain in Schedule O) .   | 9           |        |      | 0.            |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,   |             |        |      |               |
|      | rt XII   Financial Statements and Reporting  | 10          | 4      | 13,8 | 84.           |
|      | Check if Schedule O contains a response or note to any line in this Part XII   | • • • •     | T      | Yes  | No            |
| 1    | Accounting method used to prepare the Form 990 X Cash Accrual Other  |             | $\Box$ | 162  | NO            |
|      | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |             |        |      |               |
| 2 :  | a Were the organization's financial statements compiled or reviewed by an independent accountant?.   |             | 2 a    |      | X             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis | viewed on a |        |      |               |
| 1    | b Were the organization's financial statements audited by an independent accountant?   |             | 2 b    | İ    | Х             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis          | eparate     |        |      |               |
| •    | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?              | audıt,      | 2 c    |      |               |
| _    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |             |        |      |               |
| 3    | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir  | igie        | 3 2    |      | Y             |

Form **990** (2014)

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

BAA

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

**Employer identification number** DALLAS ART FAIR FOUNDATION 46-1227056 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iı) EIN (i) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes No (A) **(B)** (C) (D) **(E)** Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se          | ction A. Public Support   |   |   |  |  |  |                 |
|-------------|---|---|---|--|--|--|-----------------|
| beg         | endar year (or fiscal year<br>inning in) ►  | <b>(a)</b> 2010                           | <b>(b)</b> 2011   | <b>(c)</b> 2012                            | ( <b>d)</b> 2013                                 | <b>(e)</b> 2014                            | (f) Total       |
| 1           | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any 'unusual grants.')   |   |   | _  |  | 253,681.                                   | 253,681.        |
| 2           | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended<br>on its behalf  |   |   |  |  |  | 0.              |
| 3           | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |   |  |  |  | 0.              |
| 4           | Total. Add lines 1 through 3  | 0.  | 0.  | 0.   | 0.   | 253,681.                                   | 253,681.        |
| 5           | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |   |  |  |  | 0.              |
|             | Public support. Subtract line 5 from line 4.  |   |   |  |  |  | 253,681.        |
| <u>Se</u>   | ction B. Total Support  |   |   |  |  | •  |                 |
| Cald<br>beg | endar year (or fiscal year<br>inning in) ►  | <b>(a)</b> 2010                           | <b>(b)</b> 2011   | <b>(c)</b> 2012                            | <b>(d)</b> 2013                                  | <b>(e)</b> 2014                            | (f) Total       |
| 7           | Amounts from line 4 .   | 0.  | 0.  | 0.   | 0.   | 253,681.                                   | 253,681.        |
| 8           | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources  |   |   |  |  |  | 0.              |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on.   |   |   |  | ,  |  | 0.              |
| 10          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |   |   |  |  |  | 0.              |
| 11          | Total support. Add lines 7 through 10.  |   |   | -  |  |  | 253,681.        |
| 12          | Gross receipts from related activ   | rities, etc (see inst                     | tructions)  |  |  | 12   | 0.              |
| 13          | First five years. If the Form 990 is organization, check this box and   | for the organization stop here .          | 's first, second, thi   | rd, fourth, or fifth to                    | ax year as a section                             | n 501(c)(3)                                | ► X             |
| Sec         | tion C. Computation of Pu   | blic Support P                            | ercentage   |  | · · · · · · · · · · · · · · · · · · ·            |  |                 |
| 14          | Public support percentage for 20  | )14 (line 6, column                       | (f) divided by lin  | e 11, column (f))                          |  | . 14                                       | %               |
| 15          | Public support percentage from  | 2013 Schedule A,                          | Part II, line 14  |  |  | 15   | %               |
| 16          | a 33-1/3% support test – 2014. If and stop here. The organization   | the organization of qualifies as a pub    | did not check the later of the | box on line 13, ar<br>ganization           | nd the line 14 is 3                              | 3-1/3% or more, ch                         | neck this box   |
| ı           | b 33-1/3% support test – 2013. If the and stop here. The organization   | the organization di<br>qualifies as a put | id not check a box<br>olicly supported or   | x on line 13 or 16<br>rganization          | a, and line 15 is 3                              | 33-1/3% or more, c                         | heck this box   |
| 17          | a 10%-facts-and-circumstances to<br>or more, and if the organization<br>the organization meets the 'facts   | meets the 'facts-a                        | ind-circumstances   | s' test, check this                        | box and <b>stop her</b> e                        | e.Explaın ın Part \                        | /I how          |
|             | or more, and if the organization organization meets the 'facts-an   | meets the 'facts-a<br>d-circumstances' t  | nd-circumstances<br>est. The organiza   | s' test, check this<br>tion qualifies as a | box and <b>stop her</b> e<br>a publicly supporte | e. Explain in Part \edgesed organization . | VI how the ►    |
| 18          | Private foundation. If the organi   | zation did not che                        | ck a box on line 1  | 3, 16a, 16b, 17a,                          | or 17b, check this                               | s box and see insti                        | ructions        |
| BAA         |   |   |   |  | Sch  | edule A (Form 990                          | or 990-EZ) 2014 |

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support  |                                    | 7 7  |  |  |  |  |
|-----|---|------------------------------------|--|--|--|--|--|
|     | idar year (or fiscal yr beginning in)   | (a) 2010                           | <b>(b)</b> 2011                              | (c) 2012                                 | (d) 2013                                   | <b>(e)</b> 2014                          | (f) Total                              |
| 1   |   | .,,                                | <u> </u>                                     | · · · · ·                                | (-) 25:0                                   | (-)                                      | (-) . 5(0)                             |
|     | any 'unusual grants.')  |                                    |  |  |  |  |  |
| 2   | Gross receipts from admissions, merchandise sold or                           |                                    |  |  |  |  |  |
|     | services performed, or facilities   |                                    |  |  |  |  |  |
|     | furnished in any activity that is   |                                    | ,  |  |  |  |  |
|     | related to the organization's tax-exempt purpose                              |                                    |  |  |  | ŀ  |  |
| 3   | Gross receipts from activities  | -                                  | _  |  |  |  | <del></del>                            |
|     | that are not an unrelated trade or business under section 513.                |                                    |  |  |  |  |  |
| 4   | Tax revenues levied for the<br>organization's benefit and                     |                                    |  |  |  |  |  |
|     | either paid to or expended on   |                                    |  |  |  |  |  |
| 5   | its behalf<br>The value of services or  |                                    |  |  |  |  |  |
| J   | facilities furnished by a   |                                    |  |  |  |  |  |
|     | governmental unit to the<br>organization without charge                       |                                    |  |  |  |  |  |
| 6   | Total. Add lines 1 through 5  |                                    | -  |  |  |  | <del></del>                            |
|     | Amounts included on lines 1,  | -                                  |  |  |  |  | <del></del>                            |
|     | 2, and 3 received from disqualified persons                                   |                                    |  |  |  |  |  |
| b   | Amounts included on lines 2   |                                    |  |  |  |  |  |
|     | and 3 received from other than disqualified persons that                      |                                    |  |  |  | 1  |  |
|     | exceed the greater of \$5,000 or  |                                    |  |  |  |  |  |
|     | 1% of the amount on line 13 for the year                                      |                                    | ;  |  |  |  |  |
| c   | Add lines 7a and 7b   |                                    |  | <del></del>                              |  |  | <del></del>                            |
| 8   | Public support (Subtract line   |                                    |  | <del></del>                              |  |  |  |
| ^ - | 7c from line 6).  |                                    |  | ·-···                                    |  |  | ·· · · · · · · · · · · · · · · · · · · |
|     | tion B. Total Support   | (-) 0010                           | 45.0011                                      | (-) 0010                                 | 4.0.0010                                   | 4 2 0014                                 | <del></del>                            |
|     | dar year (or fiscal yr beginning in)  | (a) 2010                           | <b>(b)</b> 2011                              | (c) 2012                                 | (d) 2013                                   | <b>(e)</b> 2014                          | (f) Total                              |
|     | Amounts from line 6   |                                    |  |  |  |  |  |
| iva | Gross income from interest, dividends, payments received on securities loans, |                                    |  |  |  |  |  |
|     | rents, royalties and income from  |                                    |  |  | ,  |  |  |
| b   | similar sources Unrelated business taxable                                    |                                    |  |  |  |  |  |
| _   | income (less section 511  |                                    |  |  |  | ĺ  |  |
|     | taxes) from businesses acquired after June 30, 1975.                          |                                    |  |  |  |  |  |
| С   | Add lines 10a and 10b.  |                                    |  |  |  |  |  |
| _   | Net income from unrelated business  | ·                                  |  |  |  |  |  |
|     | activities not included in line 10b, whether or not the business is           |                                    |  |  |  |  |  |
|     | regularly carried on  |                                    |  |  | <u> </u>                                   |  |  |
| 12  | Other income. Do not include  |                                    |  |  |  |  |  |
|     | gain or loss from the sale of capital assets (Explain in                      |                                    |  |  |  | 1  |  |
|     | Part VI)  |                                    |  |  |  |  | <del></del>                            |
| 13  | Total support. (Add lines 9, 10c, 11 and 12)                                  |                                    |  |  |  |  |  |
| 14  | First five years. If the Form 990 organization, check this box and            | is for the organiza<br>stop here   | ition's first, secon                         | d, third, fourth, o                      | r fifth tax year as                        | a section 501(c)(3                       | • □                                    |
|     | tion C. Computation of Pul  |                                    |  |  |  |  |  |
|     | Public support percentage for 20  |                                    |  | e 13, column (f)).                       |  | 15                                       | <del></del>                            |
|     | Public support percentage from 2  |                                    |  | <u> </u>                                 | · · · · · · · · · · · · · · · · · · ·      | .   16                                   | %                                      |
|     | tion D. Computation of Inv  |                                    |  |  | (0)  | 1 47 1                                   |  |
| 17  | Investment income percentage for  |                                    |  | -  | mn (1))                                    | 17                                       | %                                      |
| 18  | Investment income percentage fr   |                                    |  |  | and line 15 ·- ·-                          | . 18 1                                   | 용                                      |
| 19a | 33-1/3% support tests - 2014. If is not more than 33-1/3%, check              | the organization this box and stor | aid not check the<br><b>here.</b> The ordani | pox on line 14, a<br>ization qualifies a | ind line 15 is more<br>as a publicly suppo | e tnan 33-1/3%, ar<br>orted organization | na line 17 ► 🗍                         |
| b   | 33-1/3% support tests - 2013. If  | the organization                   | did not check a bo                           | ox on line 14 or li                      | ine 19a, and line 1                        | 6 is more than 33                        | -1/3%, and                             |
|     | line 18 is not more than 33-1/3%  | , check this box a                 | nd <b>stop here.</b> The                     | e organization qu                        | alifies as a publicl                       | y supported organ                        | ization ► 📗                            |
| 20  | Private foundation. If the organiz  | zation did not che                 | ck a box on line 1                           | 4, 19a, or 19b, c                        | heck this box and                          | see instructions                         | <u> </u>                               |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

|      | tion A. All Supporting Organizations  |     | Yes | No  |
|------|---|-----|-----|-----|
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain   | 1   | 163 | INC |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2   |     |     |
| 3    | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.   | 3a  |     |     |
| ļ    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.  | 3b  |     |     |
| (    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use   | 3c  |     |     |
| 4:   | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below  | 4a  |     |     |
| I    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   | 4b  |     |     |
| (    | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes  | 4c  |     |     |
| 5 8  | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  |     |     |
| ı    | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |     |     |
| •    | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |     |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .  | 6   |     |     |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)  | 7   |     |     |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)  | 8   |     |     |
| 9 8  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>  | 9a  |     |     |
| l    | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI  | 9b  |     |     |
| (    | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI   | 9с  |     |     |
| 10 a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below  | 10a |     |     |
| ŀ    | Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b |     |     |

| Га  | in iv   Supporting Organizations (continued)   |     |     |    |
|-----|--|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |     | Yes | No |
|     | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a |     |    |
|     | <b>b</b> A family member of a person described in (a) above?   | 11b |     |    |
|     | c A 35% controlled entity of a person described in (a) above? If 'Yes' to a, b, or c, provide detail in Part VI  | 11c |     |    |
|     | ction B. Type I Supporting Organizations   |     | L   | L  |
|     | ston b. Type i cupporting organizations  |     | Yes | No |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1   |     |    |
|     | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization   | 2   | į   |    |
| Sec | ction C. Type II Supporting Organizations  |     |     |    |
|     |  |     | Yes | No |
| 1   | of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)  | 1   |     | ,  |
| Sec | ction D. All Type III Supporting Organizations   |     |     | _  |
|     |  |     | Yes | No |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1   |     |    |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)  | 2   |     |    |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard   | 3   |     | •  |
| Sec | ction E. Type III Functionally-Integrated Supporting Organizations   |     |     |    |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |     |     |    |
|     | a The organization satisfied the Activities Test. Complete line 2 below  |     |     |    |
|     | <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |     |    |
| ,   | c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction   | s)  |     |    |
| 2   | Activities Test Answer (a) and (b) below.  |     | Yes | No |
|     | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities   | 2a  |     |    |
| ł   | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  | 2b  |     |    |
| 3   | Parent of Supported Organizations Answer (a) and (b) below.  | ]   |     |    |
|     | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>   | 3a  |     |    |
| _   | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard   | 3b  |     |    |
|     |  |     |     |    |

| Pai | t V   Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | <u>ıanizati</u>       | ons  |                                |
|-----|--|-----------------------|--|--------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust on the Type III non-functionally integrated supporting organizations must comple                                   | November<br>te Sectio | 20, 1970. <b>See instruct</b> ins A through E. | ons. All                       |
| Sec | tion A — Adjusted Net Income   |                       | (A) Prior Year                                 | (B) Current Year<br>(optional) |
| 1   | Net short-term capital gain  | 1                     |  |                                |
| 2   | Recoveries of prior-year distributions   | 2                     |  |                                |
| 3   | Other gross income (see instructions)  | 3                     |  |                                |
| 4   | Add lines 1 through 3  | 4                     |  |                                |
| 5   |  | 5                     |  |                                |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6                     |  |                                |
| 7   | Other expenses (see instructions)  | 7                     |  |                                |
| 8   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8                     |  |                                |
| Sec | tion B — Minimum Asset Amount  |                       | (A) Prior Year                                 | (B) Current Year<br>(optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year):   | t                     |  |                                |
|     | Average monthly value of securities  | 1a                    |  |                                |
|     | Average monthly cash balances  | 1b                    |  |                                |
| •   | Fair market value of other non-exempt-use assets   | 1c                    |  |                                |
|     | Total (add lines 1a, 1b, and 1c)   | 1d                    |  |                                |
| •   | Discount claimed for blockage or other factors (explain in detail in Part VI)  |                       |  |                                |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets .   | 2                     |  |                                |
| 3   | Subtract line 2 from line 1d   | 3                     |  |                                |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4                     |  |                                |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5                     | · · · · · · · · · · · · · · · · · · ·          |                                |
| 6   | Multiply line 5 by .035  | 6                     |  |                                |
| 7   | Recoveries of prior-year distributions   | 7                     |  | ļ                              |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8                     |  |                                |
| Sec | tion C — Distributable Amount  |                       |  | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A).   | 1                     |  |                                |
| 2   | Enter 85% of line 1  | 2                     |  |                                |
| 3   |  | 3                     |  |                                |
| 4   | Enter greater of line 2 or line 3  | 4                     |  |                                |
| 5   | Income tax imposed in prior year   | 5                     |  |                                |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6                     |  |                                |
| 7   | Check here if the current year is the organization's first as a non-functionally-in (see instructions)   | tegrated              | ·  |                                |
| BAA | · · · · · · · · · · · · · · · · · · ·  |                       | Schedule A (Fo                                 | rm 990 or 990-EZ) 2014         |

| 1 Type in Non-Functionally integrated 505(a)(5) Su   | pporting Organiza  | illons (continued)   |  |
|--|--|--|--|
| on D —`Distributions   |  |  | <b>Current Year</b>  |
| mounts paid to supported organizations to accomplish exempt pu   | rposes .   |  |  |
| ,  |  | s,   |  |
| dministrative expenses paid to accomplish exempt purposes of su  | ipported organizations   |  |  |
| mounts paid to acquire exempt-use assets .   |  |  |  |
| ualified set-aside amounts (prior IRS approval required)   |  | -  |  |
| ther distributions (describe in Part VI) See instructions .  |  |  |  |
| otal annual distributions. Add lines 1 through 6   | •  |  |  |
| Book Milk Control and the second   |  |  |  |
| stributable amount for 2014 from Section C, line 6   |  |  |  |
| ne 8 amount divided by Line 9 amount   |  |  |  |
| n E — Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions   | (ii)<br>Underdistributions<br>Pre-2014   | (iii)<br>Distributable<br>Amount for 2014  |
| stributable amount for 2014 from Section C, line 6.  |  |  |  |
| nderdistributions, if any, for years prior to 2014 (reasonable ause required — see instructions).  |  |  |  |
| xcess distributions carryover, if any, to 2014.  |  |  | · · · · ·  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| om 2013 .  |  |  |  |
| otal of lines 3a through e .   |  |  |  |
| oplied to underdistributions of prior years  |  |  |  |
| oplied to 2014 distributable amount  |  |  |  |
| arryover from 2009 not applied (see instructions)  |  |  |  |
| emainder. Subtract lines 3g, 3h, and 3i from 3f  |  |  |  |
| stributions for 2014 from Section D,<br>ne 7: \$   |  |  |  |
| oplied to underdistributions of prior years  |  |  |  |
| oplied to 2014 distributable amount .  |  |  |  |
| emainder. Subtract lines 4a and 4b from 4  | <u> </u>   |  |  |
| emaining underdistributions for years prior to 2014, if any.  ubtract lines 3g and 4a from line 2 (if amount greater than ero, see instructions) |  |  |  |
| emaining underdistributions for 2014. Subtract lines 3h and 4b om line 1 (if amount greater than zero, see instructions)                         |  |  |  |
| ccess distributions carryover to 2015. Add lines 3j and 4c.  |  |  |  |
| eakdown of line 7  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ccess from 2013 .  |  |  |  |
| ccess from 2014 .  |  |  |  |
|  | mounts paid to supported organizations to accomplish exempt purposes of excess of income from activity that directly furthers exempt purposes of excess of income from activity diministrative expenses paid to accomplish exempt purposes of suministrative expenses paid to accomplish exempt purposes of suministrative expenses paid to accomplish exempt purposes of suministrative expenses paid to account ground for IRS approval required) there distributions (describe in Part VI). See instructions of stributions to attentive supported organizations to which the organization part yii. See instructions of the stributions to attentive supported organizations to which the organization part yii. See instructions or an amount divided by Line 9 amount for 2014 from Section C, line 6.  Indeedistributions, if any, for years prior to 2014 (reasonable success distributions, if any, for years prior to 2014 (reasonable success distributions carryover, if any, to 2014.  In E — Distributions carryover, if any, to 2014.  In E — Distributions carryover, if any, to 2014.  In E — Distributions carryover, if any, to 2014.  In E — Distributions carryover, if any, to 2014.  In E — Distributions carryover, if any, to 2014.  In E — Distributions of prior years opplied to 2014 distributions of prior years opplied to 2014 distributions of prior years opplied to 2014 distributions of prior years prior to 2014, if any, and the committee of the part o | mounts paid to supported organizations to accomplish exempt purposes mounts paid to perform activity that directly furthers exempt purposes of supported organization excess of income from activity diministrative expenses paid to accomplish exempt purposes of supported organizations mounts paid to acquire exempt-use assets usualified set-aside amounts (prior IRS approval required) their distributions (describe in Part VI). See instructions obtail annual distributions. Add lines 1 through 6 stributions to attentive supported organizations to which the organization is responsive (provide Part VI). See instructions  stributions to attentive supported organizations to which the organization is responsive (provide Part VI). See instructions  stributable amount for 2014 from Section C, line 6  me 8 amount divided by Line 9 amount  on E — Distribution Allocations (see instructions)  stributable amount for 2014 from Section C, line 6.  medicularity in the section of the secti | mounts paid to supported organizations to accomplish exempt purposes mounts paid to perform activity that directly furthers exempt purposes of supported organizations, excess of income from activity administrative expenses paid to accomplish exempt purposes of supported organizations mounts paid to acquire exempt-use assets unaffied set-aside amounts (pror IRS approval required) their distributions (describe in Part VI). See instructions total annual distributions. Add lines 1 through 6 stributions to attentive supported organizations to which the organization is responsive (provide details Part VI). See instructions stributable amount for 2014 from Section C, line 6 ne 8 amount divided by Line 9 amount  In E — Distribution Allocations (see instructions) stributable amount for 2014 from Section C, line 5.  Inderdistributions, if any, for years prior to 2014 (reasonable use required — see instructions)  om 2013 station fines 3a through e pipied to 2014 distributable amount.  cess distributions for 2014 from Section D, genome and the pipied distributions of prior years pipied to 2014 distributable amount.  semander. Subtract lines 3g, 3h, and 3i from 3f stributions for 2014 from Section D, genome and the pipied see instructions)  propied to 2014 distributable amount.  semander. Subtract lines 4a and 4b from 4 maining underdistributions of prior years objeted to 2014 distributions for years prior to 2014, if any, bitact lines 3g and 4a from line 2 (fila mount greater than ro, see instructions)  cess distributions carryover to 2015. Add lines 3j and 4c eakdown of line 7  cess form 2013  cess from 2013 |

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| SCHEDULE  |   | Ŝ   | ants and Oth                     | er Assistance t  | o Organization                        | S,   |  | OMB No 1545-0047                   |
|---|---|---|----------------------------------|--|---------------------------------------|--|--|------------------------------------|
| (Form 990)  |   | Gov.  | ernments, ar                     | Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.   | 1 the United Sta                      | ites<br>or 22.   |  | 2014                               |
| Department of the Treasury<br>Internal Revenue Service  |   | ► Information   | about Schedule I                 | <ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>   | ).<br>uctions is at <i>www.ir</i> s.g | lov/form990.   |  | Open to Public<br>Inspection       |
| Name of the organization  |   |   |                                  | i  |                                       |  | Employer identification number         | tion number                        |
| က္ခ   | r Foundation                            |   |                                  |  |                                       |  | 46-1227056                             | 9                                  |
| Part   General In   | iformation on Gr                        | General Information on Grants and Assistance  | nce                              |  |                                       |  |  |                                    |
| 1 Does the organizat the selection crite  | tion maintain records to                | Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance? | ount of the grants or e?         | grants or assistance, the grantees' eligibility for the grants or assistance, and  | eligibility for the grants o          | r assistance, and  |  | Yes X No                           |
| 2 Describe in Part IV   | / the organization's pro                | Describe in Part IV the organization's procedures for monitoring the use  | the use of grant fur             | of grant funds in the United States.   |                                       |  |  |                                    |
| Part II Grants and<br>Form 990,   | d Other Assistan<br>Part IV, line 21 1  | ice to Domestic (   | Organizations at that received m | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Y Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed |                                       | Complete if the organization answered 'Yes' to e duplicated if additional space is needed. | non answered 'Yospace is needed        | os' to                             |
| 1 (a) Name and address of organization or government  | ress of organization<br>ernment         | (b) EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant   | (e) Amount of non-cash assistance     | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)                                | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) DALLAS MUSEUM OF ART 1717 N HARDWOOD STREET   | OF ART                                  |   |                                  |  |                                       |  |  |                                    |
|   | ╎ ┃                                     | 75-0808774  |                                  | 45,000.  | 0.                                    |  |  |                                    |
| SCUL!   | E CENTER                                |   |                                  |  |                                       | <b></b>  |  |                                    |
| DALLAS, TX 75201  | 201                                     | 02-0601628  |                                  | 45,000.  | 0.                                    |  |  |                                    |
| ᄪᆘᅄ   | TEMPORARY                               |   |                                  |  |                                       |  |  |                                    |
| DALLAS, TX 75207  | 7(                                      | 75-1575687  |                                  | 45,000.  | 0.                                    |  |  |                                    |
| (4)   |   |   |                                  |  |                                       |  |  |                                    |
| <u>(</u> 5)   |   |   |                                  |  |                                       |  |  |                                    |
|   | 1 |   |                                  |  |                                       |  |  |                                    |
| <u>(9)</u>  |   |   |                                  |  |                                       |  |  |                                    |
|   |   |   |                                  |  |                                       |  |  |                                    |
| <u>\text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</u> |   |   |                                  |  |                                       |  |  |                                    |
|   |   |   |                                  |  |                                       |  |  | į                                  |
| (8)   |   |   |                                  |  |                                       |  |  |                                    |

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014) Dallas Art Fair Foundation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

|         | call be duplicated if additional space is fleeded.  | ace is liceacu.          |                          |                                   |   |  |
|---------|---|--------------------------|--------------------------|-----------------------------------|---|--|
|         | (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1       |   |                          |                          |                                   |   |  |
| 2       |   |                          |                          |                                   |   |  |
| ო       |   |                          |                          |                                   |   |  |
| 4       |   |                          |                          |                                   |   |  |
| ស       |   |                          |                          |                                   |   |  |
| 9       |   |                          |                          |                                   |   | ٠                                      |
| 7       |   |                          |                          |                                   |   |  |
| Part IV | Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | de the information       | required in Part I,      | line 2, Part III, col             | lumn (b), and any oth€                                | er additional information.             |

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DALLAS ART FAIR FOUNDATION

Employer identification number

46-1227056

### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FOUNDATION HAS BEEN ORGANIZED FOR THE PRIMARY PURPOSE TO RAISE DONATIONS THAT WILL BE USED TO PROMOTE APPRECIATION OF THE ARTS IN DALLAS COUNTY, TEXAS. THE FOUNDATION WILL CONDUCT AN ANNUAL FUND RAISING EVENT TO BE CALLED THE DALLAS ART FAIR GALA (THE GALA). PATRONS OF THE ARTS COMMUNITY WILL BE INVITED TO MAKE DONATIONS THROUGH THE PURCHASE OF TICKETS TO ATTEND THIS EDUCATIONAL EVENT AND CELEBRATION OF THE ARTS. ALL PROCEEDS FROM THE GALA WILL BE DISTRIBUTED TO CHARITABLE OR EDUCATIONAL BENEFICIARIES IN THE ARTS COMMUNITY. THE CHARITABLE AND EDUCATIONAL BENEFICIARIES OF THE PROCEEDS FROM THE GALA WILL BE SELECTED EACH YEAR BY THE DIRECTORS OF THE FOUNDATION BASED ON MERIT AND NEED.

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.